

# CARDHOLDER MAINTENANCE

## Purchasing CPP (DoD)

Page 1

Type of Maintenance: (Check all that apply)

☐ Change ☐ Move to New Billing Official >>Company Number: \_\_\_\_\_ ☐ Cancellation ☐ Purge from Reporting

Agent Number \_\_\_\_\_

Company Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

(As it appears on CPP system) (First)

(M.I.)

(Last)

Account Number \_\_\_\_\_

## Fill in Only the Information Below to be Changed

### Cardholder Information to be Changed:

Cardholder Name: \_\_\_\_\_

(Name 1)

(max. 24 char.)

Dept./Office/Agency Name: \_\_\_\_\_

(Name 2)

(max. 20 char.)

(✓) Emboss Name ☐ Yes ☐ No

Address 1: \_\_\_\_\_

(max. 30 char.)

Address 2: \_\_\_\_\_

(max. 35 char.)

City: \_\_\_\_\_

(max. 25 char.)

State: \_\_\_\_\_

Zip: \_\_\_\_\_

(max. 10 char.)

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(max. 10 char.)

User Field 2: \_\_\_\_\_

(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)

MAT Code\*:

(\*Use this field if only one MAT Code. Use page 3 if more than one MAT Code needed.)

Single Purchase Limit: \$ \_\_\_\_\_

30-Day Limit: \$ \_\_\_\_\_

(Credit Limit)

### Reissue Request:

(✓) Check all that Apply

☐ Reissue Card

☐ Reissue Checks

☐ Re-open Account

### I.M.P.A.C. Check Setup Request:

☐ Add I.M.P.A.C. Check to Existing Account ⇨

☐ I.M.P.A.C. Check Single Purchase Limit \$ \_\_\_\_\_

### Reporting Levels:

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_

Level 1: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

### Form Submitted by:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

### For I.M.P.A.C. Government Services use only:

Rec'd Date: \_\_\_\_\_ Input Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reject Reason: \_\_\_\_\_ Reject Date: \_\_\_\_\_

☐ Incomplete (missing information circled or highlighted)

☐ Other \_\_\_\_\_

## CARDHOLDER MAINTENANCE (cont.)

Page 2

### Purchasing CPP

Account #: \_\_\_\_\_

Master Accounting Code: \_\_\_\_\_  
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

\_\_\_\_\_ (Second 25 characters of Accounting Code)

\_\_\_\_\_ (Third 25 characters of Accounting Code)

### Optional Cardholder Setup Information:

E-mail Address: \_\_\_\_\_  
(max. 60 char.)

Alternate Phone Number: \_\_\_\_\_  
(max. 18 char.)

Fax Number: \_\_\_\_\_  
(max 18 char.)

Employee ID: \_\_\_\_\_  
(max 20 char.)

Tax Exempt Number: \_\_\_\_\_  
(max 20 char.)

### Optional Cardholder Authorization Control Information to be Changed:

Daily Transaction Limit: _____	Daily Purchase Limit: \$ _____
Cycle Transaction Limit: _____	Cycle Purchase Limit: \$ _____
Monthly Transaction Limit: _____	Monthly Purchase Limit: \$ _____
Quarterly Transaction Limit: _____	Quarterly Purchase Limit: \$ _____
Annual Transaction Limit: _____	Annual Purchase Limit: \$ _____

### Form Submitted by:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

### For I.M.P.A.C. Government Services use only:

Rec'd Date: \_\_\_\_\_ Input Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reject Reason: \_\_\_\_\_ Reject Date: \_\_\_\_\_

☐ Incomplete (missing information circled or highlighted)

☐ Other \_\_\_\_\_

## CARDHOLDER MAINTENANCE (cont.)

### Purchasing CPP (DoD)

Page 3

#### Optional Cardholder Authorization Controls:

##### Cardholder Account Number

##### Optional Cardholder Authorization Controls

MAT Code 1 \_ \_ \_ \_ \_

Daily Transaction Limit: \_ \_ \_ \_ \_ (Default: 9)

Cycle Transaction Limit: \_ \_ \_ \_ \_

Monthly Transaction Limit: \_ \_ \_ \_ \_

Quarterly Transaction Limit: \_ \_ \_ \_ \_

Annual Transaction Limit: \_ \_ \_ \_ \_

Single Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Daily Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Cycle Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Monthly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Quarterly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Annual Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

MAT Code 2 \_ \_ \_ \_ \_

Daily Transaction Limit: \_ \_ \_ \_ \_ (Default: 9)

Cycle Transaction Limit: \_ \_ \_ \_ \_

Monthly Transaction Limit: \_ \_ \_ \_ \_

Quarterly Transaction Limit: \_ \_ \_ \_ \_

Annual Transaction Limit: \_ \_ \_ \_ \_

Single Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Daily Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Cycle Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Monthly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Quarterly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Annual Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

MAT Code 3 \_ \_ \_ \_ \_

Daily Transaction Limit: \_ \_ \_ \_ \_ (Default: 9)

Cycle Transaction Limit: \_ \_ \_ \_ \_

Monthly Transaction Limit: \_ \_ \_ \_ \_

Quarterly Transaction Limit: \_ \_ \_ \_ \_

Annual Transaction Limit: \_ \_ \_ \_ \_

Single Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Daily Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Cycle Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Monthly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Quarterly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Annual Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

MAT Code 4 \_ \_ \_ \_ \_

Daily Transaction Limit: \_ \_ \_ \_ \_ (Default: 9)

Cycle Transaction Limit: \_ \_ \_ \_ \_

Monthly Transaction Limit: \_ \_ \_ \_ \_

Quarterly Transaction Limit: \_ \_ \_ \_ \_

Annual Transaction Limit: \_ \_ \_ \_ \_

Single Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Daily Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Cycle Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Monthly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Quarterly Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

Annual Purchase Limit: \$ \_ , \_ \_ \_ , \_ \_ \_ \_

\*\*\* Please note the lower Single Purchase Limit will take precedent on SIC categories that are common between MAT codes.

#### Form Submitted by:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

#### For I.M.P.A.C. Government Services use only:

Rec'd Date: \_\_\_\_\_ Input Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reject Reason: \_\_\_\_\_ Reject Date: \_\_\_\_\_

☐ Incomplete (missing information circled or highlighted)

☐ Other \_\_\_\_\_

#### MAIL REQUEST TO:

I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466

☎ 888-99-IMPAC (888-994-6722)

